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PTO/SB/81-10-00

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Dan M. Hayes
Group Art Unit	
Examiner Name	
Attorney Docket Number	17783 USA

I hereby appoint:

☐ Practitioners at Customer Number  →

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☐ Practitioner(s) named below:

Name	Registration Number
Principal Attorney: Nirav D. Parikh	46,394
Associate Attorney: T. A. Meehan	19,713

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Mark R. Tipping

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<b>Attorney Docket Number</b>	17783 USA
	<b>First Named Inventor</b>	Dan M. Hayes
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b>	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR CONVEYING GOBS OF GLASS  
TO A GLASS CONTAINER FORMING MACHINE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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17883 USA

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Nirav D. Parikh 25-LDP</b>			
Address <b>Owens-Illinois, Inc.</b>			
Address <b>One SeaGate</b>			
City <b>Toledo</b>	State <b>OH</b>	ZIP <b>43666</b>	
Country <b>USA</b>	Telephone <b>419-247-8707</b>	Fax <b>419-247-8555</b>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <b>Dan M.</b> (first and middle (if any))		Family Name <b>Hayes</b> or Surname	
Inventor's Signature <i>Dan M Hayes</i>		Date <b>8-25-01</b>	
Residence: City <b>Waterville</b>	State <b>OH</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>7467 Timbers Boulevard</b>			
Mailing Address			
City <b>Waterville</b>	State <b>OH</b>	ZIP <b>43566</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <b>Mark R.</b> (first and middle (if any))		Family Name <b>Tipping</b> or Surname	
Inventor's Signature <i>Mark R Tipping</i>		Date <b>8/23/01</b>	
Residence: City <b>Bowling Green</b>	State <b>OH</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>4 Edith Court</b>			
Mailing Address			
City <b>Bowling Green</b>	State <b>OH</b>	ZIP <b>43402</b>	Country <b>USA</b>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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PTO/SB/81 (10-00)  
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### SIGNATURE of Applicant or Assignee of Record

Name Dan M. Hayes

Signature

*Dan M. Hayes*

Date

8-25-01

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